



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 6478

| | | | | |
|------------------------------------|---|---------------------|-------------------------------|---|
| SERIAL NUMBER 09/853,641 | FILING OR 371(c) DATE 05/14/2001 RULE | CLASS 435 | GROUP ART UNIT 1645 | ATTORNEY DOCKET NO. 32301WD1171 |
|------------------------------------|---|---------------------|-------------------------------|---|

APPLICANTS
 Madhavan Nampoothiri K., Kerala, INDIA;
 Bettina Mockel, Dusseldorf, GERMANY;
 Walter Pfefferle, Halle, GERMANY;
 Lothar Eggeling, Julich, GERMANY;
 Hermann Sahm, Julich, GERMANY;

**** CONTINUING DATA *******
 This application is a CIP of 09/577,856 02/12/2001 ABN *
 (*)Data provided by applicant is not consistent with PTO records.

**** FOREIGN APPLICATIONS *******
 GERMANY 100 21 828.8 03/04/2000

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 06/07/2001**

| | | | | |
|--|--|--------------------------------|-------------------------------|------------------------------------|
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | STATE OR COUNTRY INDIA | SHEETS DRAWING 2 | TOTAL CLAIMS 24 | INDEPENDENT CLAIMS 3 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged | Examiner's Signature <i>[Signature]</i> | Initials | | |

ADDRESS
00441

TITLE
Nucleotide sequences coding for the cdsA gene

| | | |
|---------------------------------------|---|---|
| FILING FEE RECEIVED 912 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees |
| | | <input type="checkbox"/> 1.16 Fees (Filing) |
| | | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |
| | | <input type="checkbox"/> 1.18 Fees (Issue) |
| | | <input type="checkbox"/> Other _____ |
| | | <input type="checkbox"/> Credit |